

01/27/00  
JCT715 U.S. PTO

## UTILITY PATENT APPLICATION TRANSMITTAL

DUPLICATE

Address to: Assistant Commissioner for Patents Box PATENT APPLICATION Washington, DC 20231	Attorney Docket No.	JEK/Rankl
	First Named Inventor (or identifier)	Wolfgang RANKL
	Total Pages	

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **METHOD FOR EXCHANGING AT LEAST ONE SECRET INITIAL VALUE  
BETWEEN A PROCESSING STATION AND A CHIP CARD**

1. Submitted herewith are the following:

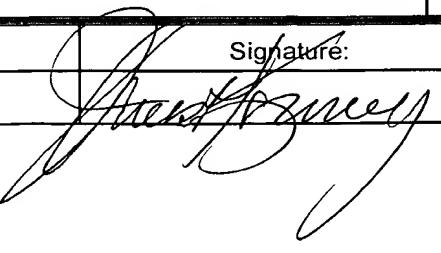
9 pages of specification.  
 Abstract.  
 1 sheet(s) of drawings.  
 9 claim(s).  
 Oath/Declaration unsigned by each inventor.  
 0 signed Inventor Small Entity Statement(s).  
 0 signed non-Inventor Small Entity Statement(s).  
 0 signed Small Business Small Entity Statement(s).  
 0 signed Non-Profit Small Entity Statement(s).  
 Preliminary Amendment.  
 Information Disclosure Statement(s).  
 0 pages of Form PTO-1449, and one copy of each document listed thereon.  
 0 Assignment of the invention, Cover Sheet, and payment of the \$ \_\_\_\_\_ recordal fee.  
 0 certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.  
 check in the amount of \$ 690.00 \_\_\_\_\_ including any assignment recordal fee.

2. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

3. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

4. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. --

5. Other: \_\_\_\_\_

THE FILING FEE IS CALCULATED AS FOLLOWS:			Basic Fee:	\$690.00	
Total Claims:	9	- 20 =	X \$18 =		
Independent Claims:	1	- 3 =	X \$78 =		
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176			Multiple Dependent Claim (add \$260.00):		
			Subtotal:		690.00
			50% Reduction if Small Entity Status:		
Phone: 703-683-0500      Fax: 703-683-1080			Total:	690.00	
Date:	Name:		Signature:	Reg. No.	
26 January 2000	J. ERNEST KENNEY			19,179	